

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return to

Committee
PO Box
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Maria Foulker	Maria Foulker	Street: 7877 Glott Rd City: Lodi Zip: 53555	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City DANE	12/11/2011 (Month) (Day) (Year)	Email Phone ()
2. Julie Snyder	Julie Snyder	Street: 249 Demilo Way City: Madison Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/5/2012 (Month) (Day) (Year)	Email Phone ()
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Linda Horvath, (certify): I reside at 3105 Oakridge Avenue City of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012
(Month) (Day) (Year)

Linda Horvath
(Signature of Circulator)

Page No. (Official Use Only)

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Circulators, please include

Phone

Email

Phone (608) 1horvath

SCOTT WALKER RECALL PETITION

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Jeffrey S. Bartig	<i>[Signature]</i>	Street: 277 Wilderness Way City: Brooklyn Zip: 53521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Oregon	1/13/2012 (Month) (Day) (Year)
2. Charles H. McAteer	<i>[Signature]</i>	Street: 7834 E Oakbrook Cir City: Madison Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City City of Madison	1/13/2012 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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CONTACT INFORMATION
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Certification of Circulator

I, Erica Colmenares, (certify): I reside at 5758 Forsythia Pl City of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page () of ()
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Circulators, please include

Phone ()
Email

SCOTT WALKER RECALL PETITION

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1. Ronald D. Richmond	<i>Ronald D. Richmond</i>	Street: 309 Madison St City: Sauk City Zip: 53583	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sauk City	5/11/2012 (Month) (Day) (Year)	Email Phone ()
2. Yvonne R. Richmond	<i>Yvonne Richmond</i>	Street: 309 Madison St City: SAUK City Zip: 53583	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City SAUK city	1/11/2012 (Month) (Day) (Year)	Email Phone ()
3. Bruce Rose	<i>Bruce Rose</i>	Street: 309 Madison St City: SAUK city Zip: 53583	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City SAUK city	1/11/2012 (Month) (Day) (Year)	Email Phone ()
4. Theresa L. Davis	<i>Theresa L. Davis</i>	Street: 5475 Knobs Rd City: Spring Green Zip: 53588	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wyoming	1/11/2012 (Month) (Day) (Year)	Email Phone ()
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Gregory G. Davis
(Name of Circulator)

(Certify): I reside at

124169 Pine Valley Rd.
(Circulator's Residence - Street name and Number)

Town of Exeter, WI 53508
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 11 / 2012
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)
000103

Circulators, please include

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Email
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SCOTT WALKER RECALL PETITION

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1. Ruth M. Wyttenbach	<i>Ruth M. Wyttenbach</i>	Street: 517-3rd Ave City: New Glarus Zip: 53574	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	12/3/2011 (Month) (Day) (Year)	Email Phone ()
2. Shirley D. Stevens	<i>Shirley D. Stevens</i>	Street: 24 Butler St City: Appleton Zip: 54914	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	12/11/2011 (Month) (Day) (Year)	Email Phone ()
3. Judy Gruber	<i>Judy Gruber</i>	Street: 67 Bellevue Pl. City: Appleton Zip: 54913	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/11/2011 (Month) (Day) (Year)	Email Phone ()
4. Harlan Gruber	<i>Harlan Gruber</i>	Street: 67 Bellevue Place City: Appleton Zip: 54913	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/11/2011 (Month) (Day) (Year)	Email Phone ()
5. Jon Hegge	<i>Jon Hegge</i>	Street: 10517 N US Hwy 14 City: Evansville WI Zip: 53536	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	12/17/2011 (Month) (Day) (Year)	Email Phone ()
6. Laura Hegge	<i>Laura F. Hegge</i>	Street: 10517 N US Hwy 14 City: Evansville WI Zip: 53536	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	12/17/2011 (Month) (Day) (Year)	Email Phone ()
7. Kameron Peterson	<i>Kameron Peterson</i>	Street: 1724 Sapphire Way City: Sun Prairie Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/17/2011 (Month) (Day) (Year)	Email Phone ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()
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Certification of Circulator

I, Carol Mixdorf (Name of Circulator), (certify): I reside at N 7494 County Road N (Circulator's Residence - Street name and Number) Town of New Glarus (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12/18/2011
(Month) (Day) (Year)

Carol Mixdorf
(Signature of Circulator)

Page No. (Official Use Only)

933104

Circulators, please include

Phone ()

Email

SCOTT WALKER RECALL PETITION

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1. Ann Beach	[Signature]	Street: BOX 033 501 14th Ave Apt 833 CM City: New Glarus Zip: 53574	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City New Glarus	11/21/2011 (Month) (Day) (Year)	Email Phone () ()
2. Laura Welsh	[Signature]	Street: 203 Forest St. City: Mt. Horeb Zip: 53572	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Horeb	11/21/2011 (Month) (Day) (Year)	Email Phone () ()
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone () ()
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Certification of Circulator

I, Carol Mixdorf, (certify): I reside at N 7494 Co. Rd N Town of New Glarus
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Nov. 1 21 2011
(Month) (Day) (Year)

Carol Mixdorf
(Signature of Circulator)

Page No. 100105 (Official Use Only)

Circulators, please include

Phone () ()

Email

SCOTT WALKER RECALL PETITION

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Return

Commit
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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>David A. Husrad</u> Sign: <u>[Signature]</u>	Street: <u>N 7736 Valley View Rd</u> City: <u>New Glarus WI</u> Zip: <u>53574</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>New Glarus</u> (Municipality Name)	<u>12/17/2011</u> (Month) (Day) (Year)	Email Phone (608
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone (
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone (
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone (
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone (

Certification of Circulator

I, Carol Mixdorf, (certify): I reside at N 7494 County Road N
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Town of New Glarus
(Circulator Municipality)

Circulators.
Please include your

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12 / 18 / 2011
(Month) (Day) (Year)

Carol Mixdorf
(Signature of Circulator)

Page No. (Official Use Only)

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SCOTT WALKER RECALL PETITION

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1. WILLIAM R. HAIGHT	<i>William R. Haight</i>	Street: W5367 WINDMILL RIDGE RD City: NEW GLARUS WI Zip: 53574	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	11/27/2011 (Month) (Day) (Year)	Email Phone ()
2. DARYL MURKEN	<i>Daryl Murken</i>	Street: N8250 MARTIN ROAD City: NEW GLARUS, WI Zip: 53574	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	11/29/2011 (Month) (Day) (Year)	Email Phone ()
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
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9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Carol Mixdorf, (certify): I reside at N7494 County Rd N Town of New Glarus
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 29 / 2011
(Month) (Day) (Year)

Carol Mixdorf
(Signature of Circulator)

Page No. (Official Use Only)

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Circulators, p

Phone

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1. Sarah C. Boatman	<i>[Signature]</i>	Street: 230 East Lake Ave. City: Monticello, WI Zip: 53570	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Monticello	12/4/2011 (Month) (Day) (Year)
2. ALFRED W ASLAKSON	<i>[Signature]</i>	Street: 809 Railroad St City: NEW GLARUS Zip: 53574	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City NEW GLARUS	12/4/2011 (Month) (Day) (Year)
3. Randy L Naatz	<i>[Signature]</i>	Street: 4529 N Laura Dr City: Janesville WI Zip: 53548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Janesville	12/4/2011 (Month) (Day) (Year)
4. Justin Oppiger	<i>[Signature]</i>	Street: 418 Greenview Ave City: Monticello Zip: 53570	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Monticello	12/4/2011 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, George H. Siekeret, (certify): I reside at W5309 Windmill Ridge Rd, Town of New Glarus
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Page No. (Official Use Only)
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Rebecca S. Jenks	<i>Rebecca Jenks</i>	Street: <i>PO Box 261 519 9th Avenue</i> City: <i>New Glarus</i> Zip: <i>53574</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>New Glarus</i>	<i>01/07/2012</i> <small>(Month) (Day) (Year)</small>
2. Mary LeAnn Powers	<i>Mary LeAnn Powers</i>	Street: <i>W7080 State Rd 39</i> City: <i>New Glarus</i> Zip: <i>53574</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>New Glarus</i>	<i>1/7/2012</i> <small>(Month) (Day) (Year)</small>
3. Theresa Portzer	<i>Theresa Portzer</i>	Street: <i>6820 Schroeder Rd #7</i> City: <i>Madison WI</i> Zip: <i>53711</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Madison</i>	<i>1/7/2012</i> <small>(Month) (Day) (Year)</small>
4. Jacob K. Lacey	<i>Jacob K. Lacey</i>	Street: <i>6820 Schroeder Rd #7</i> City: <i>Madison</i> Zip: <i>53711</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Madison</i>	<i>1/7/2012</i> <small>(Month) (Day) (Year)</small>
5. Janet Urfer	<i>Janet K Urfer</i>	Street: <i>1201 Railroad St #2</i> City: <i>New Glarus WI</i> Zip: <i>53574</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>New Glarus</i>	<i>1/7/2012</i> <small>(Month) (Day) (Year)</small>
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/20</i> <small>(Month) (Day) (Year)</small>
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Certification of Circulator

I, THOMAS E. COUGHLIN, (certify): I reside at N9150 CARDINAL CREST AVE TOWNSHIP OF EXETER
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Theresa L. Carlson	<i>Theresa L. Carlson</i>	Street: 2112 Black Oak Rd. City: Hollandale, WI Zip: 53544	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Ridgeway	12/16/2011 (Month) (Day) (Year)	Email Phone ()
2. MARILYN M. LOKKEN	<i>Marilyn M. Lokken</i>	Street: N9581 YORK VALLEY RD City: BLANCHARDVILLE WI Zip: 53516	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City YORK	12/14/2011 (Month) (Day) (Year)	Email Phone ()
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
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Certification of Circulator N7655 County Road J

I, Debra Fairbanks, (certify): I reside at Monticello, WI 53570 TOWN OF YORK
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Debra Fairbanks
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Ashley Byers	Ashley Byers	Street: 2416 Perry St. Apt 202 City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	12/10/2011 (Month) (Day) (Year)	Email Phone ()
2. Mary Coughlin	Mary Coughlin	Street: N2183C TXT 59944 M.C. City: Lyndon Station WI Zip: 53944	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kildare	12/12/2011 (Month) (Day) (Year)	Email Phone ()
3. Daniel J Coughlin	Dan Coughlin	Street: W2983 Coughlin Rd City: Lyndon Sta WI Zip: 53944	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lyndon	12/10/2011 (Month) (Day) (Year)	Email Phone ()
4. Linda Nate	Linda Nate	Street: N2081 Hwy J City: Lyndon Sta. WI Zip: 53944	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kildare	12/10/2011 (Month) (Day) (Year)	Email Phone ()
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Certification of Circulator

I, Linda K. Coughlin, (certify): I reside at N9150 Cardinal Crest Lane Exeter Township of
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Linda K. Coughlin
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Danielle Risley	<i>Danielle Risley</i>	Street: 554 S Main St City: Monticello Zip: 53570	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Monticello	12/17/2011 (Month) (Day) (Year)	Email Phone
2. Kimberly Black	<i>Kimberly Black</i> VOID	Street: 542 W 34th St City: Monticello WI Zip: 53574	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City New Glarus	12/17/2011 (Month) (Day) (Year)	Email Phone
3. Kimberly Black	<i>Black</i>	Street: 606 5th Ave City: New Glarus Zip: 53574	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City New Glarus	12/17/2011 (Month) (Day) (Year)	Email Phone
4. Eugene Duff	<i>Eugene Duff</i>	Street: N 9416 City U City: Belknap Zip: 53508	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City New Glarus	1/7/2012 (Month) (Day) (Year)	Email Phone
5. F. Duff	<i>F. Duff</i>	Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone
6. Linda L Duff	<i>Linda L. Duff</i>	Street: N 9416 City U City: Belleville WI Zip: 53508	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NEW GLARUS	1/7/2012 (Month) (Day) (Year)	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone
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Certification of Circulator

I, Keith A. Steffen, (certify): I reside at N949B Tyvand Rd.
(Name of Circulator) (Circulator's Residence - Street name and Number)

Town of York
(Circulator Municipality)
Circulators, please

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Keith A. Steffen
(Signature of Circulator)

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Page No. (Official Use Only)



SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Bonnie Olson	<i>Bonnie Olson</i>	Street: 27404 High Prairie Ln City: New Glarus WI Zip: 53574	<input checked="" type="checkbox"/> Town New Glarus <input type="checkbox"/> Village <input type="checkbox"/> City	11/18/2011 (Month) (Day) (Year)	Email Phone ()
2. Cindy Blankenship	<i>Cindy Blankenship</i>	Street: W6428 Klossy Rd City: New Glarus WI Zip: 53574	<input checked="" type="checkbox"/> Town New Glarus <input type="checkbox"/> Village <input type="checkbox"/> City	11/18/2011 (Month) (Day) (Year)	Email Phone ()
3. Angela Longmore	<i>Angela Longmore</i>	Street: 819 4th St City: New Glarus WI Zip: 53574	<input checked="" type="checkbox"/> Town New Glarus <input type="checkbox"/> Village <input type="checkbox"/> City	11/18/2011 (Month) (Day) (Year)	Email Phone ()
4. Dennis Bachman	<i>Dennis Bachman</i>	Street: 922 21st St City: Monroe WI Zip: 53576	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Monroe	11/18/2011 (Month) (Day) (Year)	Email Phone ()
5. Lexa Speth	<i>Lexa Speth</i>	Street: 109 5th Ave #3 City: New Glarus, WI Zip: 53574	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village New Glarus <input type="checkbox"/> City	11/18/2011 (Month) (Day) (Year)	Email Phone ()
6. DEAN STREIFF	<i>Dean Streiff</i>	Street: Hwy W 5124 City: NEW GLARUS WI Zip: 53574	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NEW GLARUS	11/18/2011 (Month) (Day) (Year)	Email Phone ()
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Certification of Circulator

I, Rachel R. Frye, (certify): I reside at 6001 Meadow Valley Rd, New Glarus, WI 53574
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 18 / 2011
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Rachel R. Frye
(Signature of Circulator)

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(Official Use Only)

Circulators, please

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. STEVEN G VAN DYKE		Street: 2617 CTH M M City: FITCHBURG Zip: 53575	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City FITCHBURG	11/28/2011 (Month) (Day) (Year)
2. JAMIE BAKER		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
3. JAMIE BAKER		Street: 321 Primrose Center Rd City: Belleville WI Zip: 53508	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Primrose	1/6/2012 (Month) (Day) (Year)
4. RANDY STATZ		Street: 570 S. Lincoln St City: Monticello WI Zip: 53570	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Monticello	1/8/2012 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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Certification of Circulator

I, MARLA HANDY, (certify): I reside at 191 PRIMROSE CENTER RD PRIMROSE
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Margaret McWilliams	<i>Margaret McWilliams</i>	Street: 3825 Monona Dr #10 City: Monona Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Monona	01 / 02 / 2012 (Month) (Day) (Year)
2. Christine McWilliams	<i>Christine McWilliams</i>	Street: 305 Palomino Ln #2 City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	01 / 02 / 2012 (Month) (Day) (Year)
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Certification of Circulator

I, Randall Anthony Edge, (certify): I reside at 3157 Muir Field Rd., Apt. 46 City of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Randall Anthony Edge
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Beth Voegeli	Beth Voegeli	Street: 548 Summit Ave City: Monticello Zip: 53570	<input checked="" type="checkbox"/> Town RAE <input checked="" type="checkbox"/> Village Monticello <input type="checkbox"/> City	1/6/2012 (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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Certification of Circulator

I, Randall Anthony Edge, (certify): I reside at 3157 Muir Field Rd., Apt. 46 City of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 10 / 2012 Randall Anthony Edge
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)

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Circulators, please
Phone
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edgie

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. DAVID L. BUMP	David L. Bump	Street: W495 BUMP RD City: ALBANY Zip: 53502	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City ALBANY	11/22/2011 (Month) (Day) (Year)	Email Phone ()
2. Daniel Boyle Jr.	Dan & Jan M.	Street: N8350 Marty Rd. City: New Glarus Zip: 53574	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City New Glarus	11/22/2011 (Month) (Day) (Year)	Email Phone ()
3. Jennifer S. Boyle	Jennifer S Boyle	Street: N8350 Marty Rd City: New Glarus Zip: 53574	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City New Glarus	11/22/2011 (Month) (Day) (Year)	Email Phone ()
4. Ursula Hermanson	Ursula Hermanson	Street: N9245 Hwy 78 City: Blanchardville WI Zip: 53516	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City York	11/29/2011 (Month) (Day) (Year)	Email Phone ()
5. Steve Hermanson	Steve Hermanson	Street: N7573 Gould Hill Rd City: Blanchardville WI Zip: 53516	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City York	11/29/2011 (Month) (Day) (Year)	Email Phone ()
6. Jeff Borchertling	Jeff Borchertling	Street: N9197 Stat. Road 78 City: Blanchardville WI Zip: 53516	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City York	11/27/2011 (Month) (Day) (Year)	Email Phone ()
7. Debra A. Severson	Debra A. Severson	Street: N8490 Hay Hollow Rd City: Blanchardville WI Zip: 53516	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City York	11/30/2011 (Month) (Day) (Year)	Email Phone ()
8. Mark Muench	Mark Muench	Street: W8830 ST Rd 39 City: Blanchardville WI Zip: 53516	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City York	12/3/2011 (Month) (Day) (Year)	Email Phone ()
9. GERALD TEWS	Gerald TeWS	Street: N8788 Hwy J City: BLANCHARDVILLE WI Zip: 53516	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City YORK	12/3/2011 (Month) (Day) (Year)	Email Phone ()
10. BRODY MACLEAN	Brody MacLean	Street: W8087 CTY HWY H City: BLANCHARDVILLE WI Zip: 53516	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City YORK	12/3/2011 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Stephen J Van Hout, (certify): I reside at N9151 York Center Rd. Blanchardville Town of York
(Name of Circulator) (Circulator's Residence - Street name and Number) SVH (Circulator Municipality) SVH Circulators, please

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 3 / 2011
(Month) (Day) (Year)

Stephen J Van Hout
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Trudy E Kauer	<i>Trudy E. Kauer</i>	Street: <i>N9039 York Center</i> City: <i>Blanchardville</i> Zip: <i>53516</i>	<input checked="" type="checkbox"/> Town <i>York</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>10/05/2012</i> (Month) (Day) (Year)	Email Phone ()
2. David G. Soland	<i>David G. Soland</i>	Street: <i>N9039 York Center Rd.</i> City: <i>Blanchardville</i> Zip: <i>53516</i>	<input checked="" type="checkbox"/> Town <i>York</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>01/09/2012</i> (Month) (Day) (Year)	Email Phone ()
3. Mark J. Burke	<i>Mark J. Burke</i>	Street: <i>N7254 York Center Rd</i> City: <i>Blanchardville</i> Zip: <i>53516</i>	<input checked="" type="checkbox"/> Town <i>York</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>01/09/2012</i> (Month) (Day) (Year)	Email Phone ()
4. Pamela J. Burke	<i>Pamela J. Burke</i>	Street: <i>N9284 York Center Rd</i> City: <i>Blanchardville</i> Zip: <i>53516</i>	<input checked="" type="checkbox"/> Town <i>York</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>01/09/2012</i> (Month) (Day) (Year)	Email Phone ()
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 20</i> (Month) (Day) (Year)	Email Phone ()
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 20</i> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Stephen J Van Hout (Name of Circulator), (certify): I reside at N9151 York Center Rd. (Circulator's Residence - Street name and Number) Blanchardville (Circulator Municipality) Town of York (Circulators, please)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 1 / 09 2012
(Month) (Day) (Year)

Stephen J Van Hout
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Jay S. Smith	<i>Jay S. Smith</i>	Street: 261 Oakbrook Dr. City: Lake Mills Zip: 53551	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Lake Mills	12/25/2011 (Month) (Day) (Year)	Email: jay fr Phone: (920) 2
2. Jessica A Smith	<i>Jessica A. Smith</i>	Street: 261 Oakbrook Dr City: Lake Mills Zip: 53551	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Lake Mills	12/25/2011 (Month) (Day) (Year)	Email: Phone: ()
3. Scott H. Smith	<i>Scott H. Smith</i>	Street: 1010 Center St City: Lake Mills Zip: 53551	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Lake Mills	1/6/2012 (Month) (Day) (Year)	Email: Phone: ()
4. Jill Smith	<i>Jill Smith</i>	Street: 1010 Center St City: Lake Mills Zip: 53551	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Lake Mills	1/6/2012 (Month) (Day) (Year)	Email: Phone: ()
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ()
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ()
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ()

Certification of Circulator

I, Linda M. Smith, (certify): I reside at W4514 Argue Road Town of Exeter
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Jan. 10 / 2012
(Month) (Day) (Year)

Linda M. Smith (Ind)
(Signature of Circulator)

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(Official Use Only)

Circulators, please

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Belinda Pratt	<i>Belinda Pratt</i>	Street: N6404 River Rd City: Monticello Zip: 53570	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	11/25/2011 (Month) (Day) (Year)	Email Phone ()
2. KEVIN D. PRATT	<i>Kevin D. Pratt</i>	Street: N6404 River Rd City: Monticello, Wisc Zip: 53570	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	11/25/2011 (Month) (Day) (Year)	Email Phone ()
3. Ryan Wild	<i>Ryan Wild</i>	Street: 1114 21st Street City: Monroe Zip: 53566	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Monroe	1/8/2012 (Month) (Day) (Year)	Email Phone ()
4. Cindy Lincoln	<i>Cindy Lincoln</i>	Street: N2279 Richland Rd City: Monroe Zip: 53566	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Jefferson	1/9/2012 (Month) (Day) (Year)	Email Phone ()
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
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Certification of Circulator

I, Heidi K. Waddell, (certify): I reside at W 3931 County Rd F Mt. Pleasant
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 11 / 2012
(Month) (Day) (Year)

Heidi K. Waddell
(Signature of Circulator)

Page No. (Official Use Only)

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Circulators, please

Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Jodi L Riniker	<i>Jodi L Riniker</i>	Street: <i>N9495 Hawk Ridge Rd</i> City: <i>New Glarus</i> Zip: <i>53574</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Exeter</i>	<i>12/13/2011</i> (Month) (Day) (Year)	Email Phone ()
2. Patrick Riniker	<i>Patrick Riniker</i>	Street: <i>N9495 Hawk Ridge Rd</i> City: <i>New Glarus</i> Zip: <i>53574</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Exeter</i>	<i>12/13/2011</i> (Month) (Day) (Year)	Email Phone ()
3. Gerald L Ennis	<i>Gerald L Ennis</i>	Street: <i>N9528 Argue Rd</i> City: <i>New Glarus, WI</i> Zip: <i>53574</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Exeter</i>	<i>12/14/2011</i> (Month) (Day) (Year)	Email Phone ()
4. Hope M. Ennis	<i>Hope M. Ennis</i>	Street: <i>N9528 Argue Rd</i> City: <i>New Glarus</i> Zip: <i>53574</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Exeter</i>	<i>12/14/2011</i> (Month) (Day) (Year)	Email Phone ()
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/20</i> (Month) (Day) (Year)	Email Phone ()
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/20</i> (Month) (Day) (Year)	Email Phone ()

I, Mary Hillstrom, (certify): I reside at N9530 Argue Rd Town of Exeter
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 7 / 2012
(Month) (Day) (Year)

Mary Hillstrom
(Signature of Circulator)

Page 1 of 2 (Official Use Only)
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Circulators, please
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Nicholas T. Rahn	<i>Nicholas T. Rahn</i>	Street: 25 Frederick Cir. City: Madison Zip: WI 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	01/09/2012 (Month) (Day) (Year)
2. Vencie C. Murdock	<i>Vencie C. Murdock</i>	Street: 2313 Allied dr apt 308 City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	01/09/2012 (Month) (Day) (Year)
3. Glenna Andrews	<i>Glenna Andrews</i>	Street: 1506 Walnut Cir City: Middleton Zip: WI 53562	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Middleton	01/09/2012 (Month) (Day) (Year)
4. Sarah Stewart	<i>Sarah Stewart</i>	Street: 1714 Brittany Pl Apt 1 City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	01/09/2012 (Month) (Day) (Year)
5. Ted W. Koch	<i>Ted W. Koch</i>	Street: 7796 Manistee Court City: Verona WI Zip: 53593	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Middleton	01/10/2012 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

Certification of Circulator

I, Gregory G. Davis
(Name of Circulator)

(certify): I reside at W4169 Pine Valley Rd.
(Circulator's Residence - Street name and Number)

Town of Exeter, WI 53508
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 10 / 2012
(Month) (Day) (Year)

(Signature of Circulator)

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Circulators, please

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to
PO Box 2569
Madison, WI 5

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Leona D. Sattell</u> Sign: <u>[Signature]</u>	Street: <u>5650 Forest Ct.</u> City: <u>Greendale</u> Zip: <u>WI 53129</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Greendale</u> (Municipality Name)	<u>1/10/2012</u> (Month) (Day) (Year)	Email: <u>foador</u> Phone: <u>(414) 2</u>
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: _____ Phone: <u>()</u>
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: _____ Phone: <u>()</u>
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: _____ Phone: <u>()</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: _____ Phone: <u>()</u>

I, Leona D. Sattell (certify): I reside at 5650 Forest Ct Greendale
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1/10 120/12
(Month) (Day) (Year)
[Signature]
(Signature of Circulator)

Page 1 of 1 (Official Use Only)

Circulators,
Please include your contact

Phone
(414) 2
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>KEVIN R FISHER</u> Sign: <u>[Signature]</u>	Street: <u>1615 Jefferson St #1</u> City: <u>MADISON, WI</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>12/31/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone () ()
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone () ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone () ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone () ()

Certification of Circulator

I, Joseph Leadley, (certify): I reside at 6311 N. Bay Ridge Ave. Village of Whitefish Bay
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 09 / 2011
(Month) (Day) (Year)
[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
000125

Circulators.

Please include your contact information.

Phone
(414) 9
Email
leadley@

SCOTT WALKER RECALL PETITION

the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

Return by J

Committee to
PO Box 256
Madison, WI

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
int: <u>Alicia Beard</u> gn: <u>Alicia B</u>	Street: <u>N13999 20th Ave. N.</u> City: <u>Necedah</u> Zip: <u>54646</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Armenia</u> (Municipality Name)	<u>1/10/2012</u> (Month) (Day) (Year)	Email <u>a.beard</u> Phone <u>(608)</u>
int: _____ gn: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone ()
int: _____ gn: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone ()
int: _____ gn: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone ()
int: _____ gn: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone ()

Certification of Circulator

Alicia Beard (certify): I reside at N13999 20th Ave. N. Necedah 54646 town of Armenia
 (Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 10 / 2012
 (Month) (Day) (Year)

Alicia Beard
 (Signature of Circulator)

Page No. (Official Use Only)

0001256

Circulators,
Please include your c

Phone

(608)

Email

a.beard


SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by

Committee
PO Box 25
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CON
1. Print: <u>Liang-Sywan Edward Jen</u> Sign: 	Street: <u>1125 W. Montclair Ave.</u> City: <u>Glendale</u> Zip: <u>53217</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Glendale</u> <small>(Municipality Name)</small>	<u>12/24/2011</u> <small>(Month) (Day) (Year)</small>	Email: <u>IDQ</u> Phone: <u>(414)</u>
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: <u>(</u>
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: <u>(</u>
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: <u>(</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: <u>(</u>

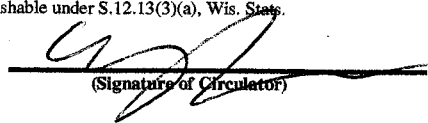
Certification of Circulator

I, Liang-Sywan Edward Jen (certify): I reside at 1125 W. Montclair Ave.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Glendale
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 24 / 2011
(Month) (Day) (Year)


(Signature of Circulator)

Page No. (Official Use Only)

000126

Circulators.
Please include your c

Phone

(414)

Email

IDQ00

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Ja
Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Ashley Kopelke</u> Sign: <u>Ashley Kopelke</u>	Street: <u>W7620 NorthSpring Dr.</u> City: <u>Greenville</u> Zip: <u>54942</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Greenville</u> (Municipality Name)	<u>1/9/2012</u> (Month) (Day) (Year)	Email _____ Phone () ()
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone () ()
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone () ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone () ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone () ()

Certification of Circulator

I, Ben Albrecht, (certify): I reside at 308 Cedar St.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Eau Claire
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 11 / 2012
(Month) (Day) (Year)

Ben Albrecht
(Signature of Circulator)

Page No. (Official Use Only)
001127

Circulators.
Please include your c

Phone
(715)
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janu

Committee to R
PO Box 2569
Madison, WI 53

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>STEPHEN F. HELMERS</u> Sign: <u>[Signature]</u>	Street: <u>W 6416 HUNTER LAKE RD</u> City: <u>WINTER</u> Zip: <u>54896</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>WINTER</u> (Municipality Name)	<u>01/04/2012</u> (Month) (Day) (Year)	Email <u>badger</u> Phone (715) 3
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone ()
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone ()

Certification of Circulator

I, STEPHEN F. HELMERS, (certify): I reside at W 6416 HUNTER LAKE RD.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

WINTER, WI 54896
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stat.

01 / 04 / 2012
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

000128

(Official Use Only)

Circulators.
Please include your conta

Phone
(715) 3
Email
badger

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Ja

Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Nancy Butz</u> Sign: <u>Nancy Butz</u>	Street: <u>4027 60th St.</u> City: <u>Kenosha</u> Zip: <u>53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> (Municipality Name)	<u>11/19/2011</u> (Month) (Day) (Year)	Email Phone (262) _____
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20__</u> (Month) (Day) (Year)	Email Phone () _____
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20__</u> (Month) (Day) (Year)	Email Phone () _____
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20__</u> (Month) (Day) (Year)	Email Phone () _____
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20__</u> (Month) (Day) (Year)	Email Phone () _____

Certification of Circulator

I, Ruth Battaglia, (certify): I reside at 195 Walnut St. Apt. D
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Village of Oregon
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 19 2011 Ruth Battaglia
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)

#

000129

Circulators.

Please include your co

Phone

(608) _____

Email

hmacpn

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to
PO Box 2569
Madison, WI 5

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Christopher Kroze</u> Sign: <u>[Signature]</u>	Street: <u>120 Kohler St</u> City: <u>Whitefish</u> Zip: <u>54247</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Whitefish</u> (Municipality Name)	<u>1/10/2012</u> (Month) (Day) (Year)	Email Phone (920) _____
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone () _____
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone () _____
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone () _____
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone () _____

Certification of Circulator

1. Heather Kroze (certify): I reside at 120 Kohler St
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Whitefish
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 10 / 2012
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

#000130A

Circulators,
Please include your con

Phone

(920) _____

Email

hkroze

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janu

Committee to R
PO Box 2569
Madison, WI 53

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Theodore A DuFour</u> Sign: <u>T.A. DuFour</u>	Street: <u>1041 Manitoba St.</u> City: <u>Menasha</u> Zip: <u>54952</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Menasha</u> (Municipality Name)	<u>1/13/2012</u> (Month) (Day) (Year)	Email <u>tsdufour</u> Phone (920) 4
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone ()
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone ()

Certification of Circulator

I, Theodore A. DuFour, (certify): I reside at 1041 Manitoba St.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Menasha - City
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012
(Month) (Day) (Year)

Theodore A. DuFour
(Signature of Circulator)

Page No. (Official Use Only)

0001306

Circulators,

Please include your contact

Phone

(920) 4

Email

tsdufour

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to R
PO Box 2569
Madison, WI 5

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Daisy Mae Wilson</u> Sign: <u>Daisy Mae Wilson</u>	Street: <u>4525 W. Dean Road #208</u> City: <u>Brown Deer WI</u> Zip: <u>53223</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Brown Deer</u> (Municipality Name)	<u>01/06/2012</u> (Month) (Day) (Year)	Email Phone <u>(414) 3</u>
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone ()
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Patricia Wilson (certify): I reside at 7740 N. Highview Dr.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Milwaukee
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Circulators.

Please include your contact information.

Phone

(414) 3

Email

01 / 06 / 2012
(Month) (Day) (Year)

Patricia Wilson
(Signature of Circulator)

Page No. (Official Use Only)

000131

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January
Committee to Recall
PO Box 2569
Madison, WI 537

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.		NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.			
1. Print: <u>Beth Holmes</u> Sign: <u>Beth Holmes</u>	Street: <u>15824 S. Main Rd</u> City: <u>Gordon</u> Zip: <u>54838</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wascott</u> (Municipality Name)	<u>12/19/2011</u> (Month) (Day) (Year)	Email Phone (715) 8
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone ()
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, GEORGE WISE, (certify): I reside at N13945 FLOWAGE RD.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

MINONG
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

DEC 19 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

000132

Circulators,
Please include your

Phone

Email

PAGE NUMBER:

066133

NOT SUBMITTED

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Matthew Anderson	<i>Matthew Anderson</i>	Street: 8757 BAKKEN RD. City: MT. HOREB Zip: 53572	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City SPRINGDALE	1/9/2012 (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

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Phone

Certification of Circulator

I, Matthew Anderson (Name of Circulator), (certify): I reside at 8757 Bakken Rd. Mt Horeb (Circulator's Residence - Street name and Number) Town of Springdale (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Circ

1 / 1 9 12012
(Month) (Day) (Year)

Matthew Anderson
(Signature of Circulator)

Page No. (Official Use Only)
000134

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January

Committee to Recall
PO Box 2569
Madison, WI 53708

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>CHRISTINE Muellenbach</u> Sign: <u>Christine Muellenbach</u>	Street: <u>W 281 N 8674 Hideaway Dr.</u> City: <u>Hartland WI</u> Zip: <u>53029</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Town of Merton</u> (Municipality Name)	<u>11/20/2011</u> (Month) (Day) (Year)	Email: <u>GM YAY47</u> Phone: <u>(262) 5</u>
2. Print: <u>EDWARD MUELENBACH</u> Sign: <u>Edward Muellenbach</u>	Street: <u>W 281 N 8674 Hideaway Dr</u> City: <u>HARTLAND WI</u> Zip: <u>53029</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Town of Merton</u> (Municipality Name)	<u>11/21/2011</u> (Month) (Day) (Year)	Email: <u>KLATEAU</u> Phone: <u>(262) 5</u>
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: _____ Phone: <u>()</u>
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: _____ Phone: <u>()</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: _____ Phone: <u>()</u>

Certification of Circulator

I, CHRISTINE Muellenbach (Printed Name of Circulator) certify: I reside at W 281 N 8674 Hideaway Dr. (Circulator's Residence - Street Name and Number) TOWN OF MERTON (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 10 / 12012 Christine Muellenbach
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)

000135

Circulators.

Please include your contact

Phone

(262) 5

Email

YAY47

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
PO Box 25
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. <u>GERALDINE C. BIEHL</u> Print: <u>Geraldine C. Biehl</u> Sign: <u>Geraldine C. Biehl</u>	Street: <u>6100 Seneca Trail</u> City: <u>Hales Corners</u> Zip: <u>53130</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>HALES CORNERS</u> (Municipality Name)	<u>1/12/2012</u> (Month) (Day) (Year)	Email Phone <u>(414)</u>
2. <u>MARK BIEHL</u> Print: <u>Mark Biehl</u> Sign: <u>Mark Biehl</u>	Street: <u>6100 Seneca Tr</u> City: <u>Hales Corners</u> Zip: <u>53130</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Hales Corners</u> (Municipality Name)	<u>1/12/2012</u> (Month) (Day) (Year)	Email Phone <u>(414)</u>
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, CATHERINE MORRIS, (certify): I reside at 1825 N. COMMERCE ST. #300
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

MILWAUKEE
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(5)(a), Wis. Stats.

11 13 2012
(Month) (Day) (Year)

Catherine Morris
(Signature of Circulator)

Page No. (Official Use Only)
000136

Circulators,
Please include your

Phone
(414)
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return to

Committee
PO Box 1
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CC
1. Print: <u>Kimberley J. Ward</u> Sign: <u>Kimberley J. Ward</u>	Street: <u>827 Chicago Ave</u> City: <u>VIROQUA, WI</u> Zip: <u>54665</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>VIROQUA</u> (Municipality Name)	<u>1/10/2012</u> (Month) (Day) (Year)	Email <u>ward</u> Phone <u>(608)</u>
2. Print: <u>Darin S. Ward</u> Sign: <u>Darin S. Ward</u>	Street: <u>827 Chicago Ave</u> City: <u>Viroqua, WI</u> Zip: <u>54665</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Viroqua</u> (Municipality Name)	<u>1/10/2012</u> (Month) (Day) (Year)	Email <u>Ward</u> Phone <u>(608)</u>
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone ()

Certification of Circulator

I, Kimberley J. Ward, (certify): I reside at 827 Chicago Ave
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

VIROQUA - (City)
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 10 / 2012
(Month) (Day) (Year)

Kimberley J. Ward
(Signature of Circulator)

Page No. (Official Use Only)
000137

Circulators,
Please include your

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return to
Committee
PO Box 2
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CO
1. Print: <u>PAULA McHALE</u> Sign: <u>[Signature]</u>	Street: <u>1732 Forest Circle</u> City: <u>Balsam Lake</u> Zip: <u>54810</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Balsam Lake</u> (Municipality Name)	<u>1/10/2012</u> (Month) (Day) (Year)	Email <u>pm</u> Phone <u>(715)</u>
2. Print: <u>Richard Radtke</u> Sign: <u>[Signature]</u>	Street: <u>1732 Forest Cir.</u> City: <u>Balsam Lake</u> Zip: <u>54810</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Balsam Lake</u> (Municipality Name)	<u>1/10/2012</u> (Month) (Day) (Year)	Email <u>car</u> Phone <u>(715)</u>
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone ()

Certification of Circulator

I, PAULA McHALE (certify): I reside at 1732 Forest Circle
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Balsam Lake
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 10 / 2012
(Month) (Day) (Year)
[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

000138

Circulators
Please include y
Phone
(715)
Email
pm

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Print: <u>Ashley Campbell</u> Sign: <u>Ashley Campbell</u>	Street: <u>E20012 Cty Rd ND</u> City: <u>Augusta</u> Zip: <u>54722</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Ludington</u> (Municipality Name)	<u>01/10/2012</u> (Month) (Day) (Year)	Email _____ Phone (715) _____
2. Print: <u>Cari Boyea</u> Sign: <u>Cari Boyea</u>	Street: <u>E17291 Cty Rd N</u> City: <u>Lake Creek WI</u> Zip: <u>54742</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Ludington</u> (Municipality Name)	<u>01/10/2012</u> (Month) (Day) (Year)	Email _____ Phone (715) _____
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone () _____
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone () _____
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone () _____

Certification of Circulator

I, Kathlynn Andersen, (certify): I reside at 11618 40th Avenue
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Lake Hallie
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 11 / 2012
(Month) (Day) (Year)

Kathlynn R. Andersen
(Signature of Circulator)

Page No. (Official Use Only)
000100

Return to

Committee
PO Box 2
Madison

Circulators,
Please include your

Phone
(715) _____
Email
gndc@

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING
1. Print: <u>Craig Hadley</u> Sign: <u>Craig Hadley</u>	Street: <u>1410 5th Ave.</u> City: <u>Baldwin WI</u> Zip: <u>54002</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Baldwin</u> (Municipality Name)	<u>12/2/2011</u> (Month) (Day) (Year)
2. Print: <u>PAT CAMMEES</u> Sign: <u>Pat Cammees</u>	Street: <u>2398 110th ST.</u> City: <u>NEW RICHMOND</u> Zip: <u>54017</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>STAR PRAIRIE</u> (Municipality Name)	<u>12/2/2011</u> (Month) (Day) (Year)
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)

Certification of Circulator

I, Thomas Fox, (certify): I reside at 104008 CRYSTAL DR
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Ellsworth
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stat.

12 / 10 / 2011
(Month) (Day) (Year)

Thomas Fox
(Signature of Circulator)

Page (Indicate Page Only)
000149

Return

Complete
PO Box
Mailing

Circulator
Please include

Phone

()

Email

()

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return to:
Committee
PO Box 1
Madison, WI 53701

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Vanessa Martin</u> Sign: <u>[Signature]</u>	Street: <u>602 E. Division St.</u> City: <u>Watertown</u> Zip: <u>53098</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Watertown</u> (Municipality Name)	<u>01/09/2012</u> (Month) (Day) (Year)	Email: _____ Phone: <u>(920)</u> _____
2. Print: <u>Ryan Martin</u> Sign: <u>[Signature]</u>	Street: <u>602 E. Division St.</u> City: <u>Watertown</u> Zip: <u>53098</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Watertown</u> (Municipality Name)	<u>1/9/2012</u> (Month) (Day) (Year)	Email: _____ Phone: <u>(262)</u> _____
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: _____ Phone: _____
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: _____ Phone: _____
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: _____ Phone: _____

Certification of Circulator

I, Vanessa Martin, (certify): I reside at 602 E. Division St. Watertown
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 09 / 2012 [Signature]
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)
000141

Circulators,
Please include your
Phone: _____
Email: (920) _____
mar

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING
1. Print: <u>Robert D. Morden</u> Sign: <u>Robert D. Morden</u>	Street: <u>1422 N. 21st Street</u> City: <u>Superior</u> Zip: <u>54880</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Superior</u> (Municipality Name)	<u>1/10/2012</u> (Month) (Day) (Year)
2. Print: <u>ANNETTE S. MORDEN</u> Sign: <u>Annette S. Morden</u>	Street: <u>1422 N. 21st STREET</u> City: <u>SUPERIOR</u> Zip: <u>54880</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>SUPERIOR</u> (Municipality Name)	<u>1/10/2012</u> (Month) (Day) (Year)
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20__</u> (Month) (Day) (Year)
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20__</u> (Month) (Day) (Year)
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20__</u> (Month) (Day) (Year)

Certification of Circulator

I, Robert Morden (certify): I reside at 1422 N. 21st Street
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Superior
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1/10/2012
(Month) (Day) (Year)

Robert Morden
(Signature of Circulator)

Page No. (Official Use Only)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J
Committee t
PO Box 256
Madison, W

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Peter J Naputi</u> Sign: <u>[Signature]</u>	Street: <u>2701 Willard Ave.</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>1/11/2012</u> (Month) (Day) (Year)	Email Phone (
2. Print: <u>Darth Naputi</u> Sign: <u>[Signature]</u>	Street: <u>2701 Willard Ave</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>1/11/2012</u> (Month) (Day) (Year)	Email Phone (
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20__</u> (Month) (Day) (Year)	Email Phone (
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20__</u> (Month) (Day) (Year)	Email Phone (
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20__</u> (Month) (Day) (Year)	Email Phone (

I, Lisa Schreibersdorf (certify): I reside at 2701 Willard Ave Madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.18(3)(a) Wis. Stats.

1/12/2012
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

0001426

Circulators,
Please include your

Phone

Email

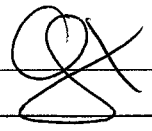
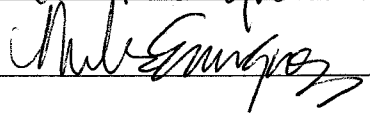
SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January

Committee to Recall
PO Box 2569
Madison, WI 53708

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>GRANT HAGEN</u> Sign: 	Street: <u>15345 CARPENTER RD.</u> City: <u>BROOKFIELD</u> Zip: <u>53005</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>BROOKFIELD</u> (Municipality Name)	<u>12/10/2011</u> (Month) (Day) (Year)	Email <u>GARAGE</u> Phone <u>(262) 7</u>
2. Print: <u>Melissa Enriquez</u> Sign: 	Street: <u>P.O. Box 1433</u> City: <u>Milwaukee</u> Zip: <u>53201</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>12/27/2011</u> (Month) (Day) (Year)	Email Phone <u>()</u>
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone <u>()</u>
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone <u>()</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone <u>()</u>

Certification of Circulator

I, JoAnn Bishop, (certify): I reside at 1140 Burnet St
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Brookfield
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 12 2012
(Month) (Day) (Year)

JoAnn Bishop
(Signature of Circulator)

Page No. (Official Use Only)

000143

Circulators.

Please include your contact

Phone

(262) 7

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January 10

Committee to Recall V
PO Box 2569
Madison, WI 53701

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFOR
1. Print: <u>Mary Schuetzler</u> Sign: <u>Mary Schuetzler</u>	Street: <u>3905 W. 1st Av</u> City: <u>Appleton Wi</u> Zip: <u>54914</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Appleton</u> (Municipality Name)	<u>12/15/2011</u> (Month) (Day) (Year)	Email Phone (920) 632
2. Print: <u>Diane Gunderson</u> Sign: <u>Diane Gunderson</u>	Street: <u>229 Jefferson St</u> City: <u>Kaukauna WI</u> Zip: <u>54130</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kaukauna</u> (Municipality Name)	<u>1/1/2012</u> (Month) (Day) (Year)	Email Phone (920) 7
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Diane Gunderson (certify): I reside at 229 Jefferson St Kaukauna
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 120
(Month) (Day) (Year)

Diane Gunderson
(Signature of Circulator)

Page No. (Official Use Only)

#000144

Circulators,

Please include your contact info in

Phone
(920) 966
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January 1

Committee to Recall
PO Box 2569
Madison, WI 53701

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFO
1. Print: <u>XIA XIONG KHANG</u> Sign: <u>Xia Xiong Khang</u>	Street: <u>350 21ST AVE South</u> City: <u>WIS Rapids</u> Zip: <u>54495</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wood</u> (Municipality Name)	<u>12/31/2011</u> (Month) (Day) (Year)	Email Phone <u>(715) 712</u>
2. Print: <u>WANG DOUA KHANG</u> Sign: <u>Wang Doua Khang</u>	Street: <u>2251 Ranger Road</u> City: <u>WIS Rapids</u> Zip: <u>54494</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City (Municipality Name)	<u>12/31/2011</u> (Month) (Day) (Year)	Email Phone <u>(715) 712</u>
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone <u>()</u>
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone <u>()</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone <u>()</u>

Certification of Circulator

1. YOUATHANG KHANG (certify): I reside at 5207 3rd Ave Reddick, WI 54475 Reddick
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 12 2012
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

000115A

Circulators,
Please include your contact info

Phone

Email

(715) 697

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January

Committee to Recall
PO Box 2569
Madison, WI 53701

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>CHEE KHANG</u> Sign: <u>Chie Khang</u>	Street: <u>420 11th Ave NW.</u> City: <u>Wisc. Rapids, WI</u> Zip: <u>54495</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City (Municipality Name)	<u>12/31/2011</u> (Month) (Day) (Year)	Email: <u>Txhim@cl</u> Phone: <u>(715) 25</u>
2. Print: <u>LA KHANG</u> Sign: <u>[Signature]</u>	Street: <u>3541 16th St South</u> City: <u>Discordia Rapids</u> Zip: <u>54494</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City (Municipality Name)	<u>1/1/2012</u> (Month) (Day) (Year)	Email: <u>[Redacted]</u> Phone: <u>(715) 58</u>
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: _____ Phone: <u>()</u>
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: _____ Phone: <u>()</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: _____ Phone: <u>()</u>

Certification of Circulator

I, YOUA HANG KHANG (Printed Name of Circulator) certify: I reside at 3307 3rd Ave Redolph, WI 53475 (Circulator's Residence - Street Name and Number) Redolph (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 11 2012
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

0001436

Circulators,
Please include your contact info

Phone

(715) 69

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January 10,

Committee to Recall W
PO Box 2569
Madison, WI 53701

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>DALE THOMPSON</u> Sign: <u>[Signature]</u>	Street: <u>4530 TOMAHAWK LN.</u> City: <u>Jonesville</u> Zip: <u>53546</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>HARMONY</u> (Municipality Name)	<u>11/28/2011</u> (Month) (Day) (Year)	Email Phone <u>(608) 868-</u>
2. Print: <u>Diane Carlson</u> Sign: <u>Diane Carlson</u>	Street: <u>3432 Royal Rd.</u> City: <u>Jonesville</u> Zip: <u>53546</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Jonesville</u> (Municipality Name)	<u>11/29/2011</u> (Month) (Day) (Year)	Email Phone <u>(608) 751-6</u>
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone <u>()</u>
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone <u>()</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone <u>()</u>

Certification of Circulator

I, Sonia Thompson, (certify): I reside at 4530 E. Tomahawk Lane
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Harmony Township
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 3 / 2012
(Month) (Day) (Year)
Sonia L. Thompson
(Signature of Circulator)

Page No. (Official Use Only)

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000146

Circulators.

Please include your contact info in cas

Phone

(608) 868

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January 10, 2012

Committee to Recall Walker
PO Box 2569
Madison, WI 53701

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Veranon Lewerenz</u> Sign: <u>Veranon Lewerenz</u>	Street: <u>7293 Clover Hill Dr</u> City: <u>Wauwatosa</u> Zip: <u>53597</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Springfield</u> (Municipality Name)	<u>1/8/2012</u> (Month) (Day) (Year)	Email: Phone: (608) 831-
2. Print: <u>Cynthia Lewerenz</u> Sign: <u>Cynthia Lewerenz</u>	Street: <u>7293 Clover Hill Dr</u> City: <u>Wauwatosa</u> Zip: <u>53597</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Springfield</u> (Municipality Name)	<u>1/8/2012</u> (Month) (Day) (Year)	Email: Phone: (608) 831-
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: Phone: ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: Phone: ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: Phone: ()

I, Ann Neumaier, (certify): I reside at 247 Franklin Street
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Sauk City
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 11 / 2012
(Month) (Day) (Year)

Ann Neumaier
(Signature of Circulator)

Page No. (Official Use Only)
000147

Circulators,
Please include your contact info in case of
Phone:
(608) 643-
Email:
neumaier@cc

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January 10, 2012

Committee to Recall Walker
PO Box 2569
Madison, WI 53701

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>KIRK A. WALTERS</u> Sign: <u>Kirk A. Walters</u>	Street: <u>515 MAIN ST.</u> City: <u>MINONG</u> Zip: <u>54859</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>MINONG</u> (Municipality Name)	<u>1/9/2012</u> (Month) (Day) (Year)	Email: <u>Kirk-Walters@northwood.k12.wi.us</u> Phone: <u>(715) 466-4444</u>
2. Print: <u>WINNIFRED WALTERS</u> Sign: <u>Winnifred H Walters</u>	Street: <u>515 MAIN ST.</u> City: <u>MINONG</u> Zip: <u>54859</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>MINONG</u> (Municipality Name)	<u>1/9/2012</u> (Month) (Day) (Year)	Email: <u>NONE</u> Phone: <u>(715) 466-4444</u>
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: _____ Phone: <u>() () ()</u>
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: _____ Phone: <u>() () ()</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: _____ Phone: <u>() () ()</u>

Certification of Circulator

I, KIRK A. WALTERS, (certify): I reside at 515 MAIN ST.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

VILLAGE OF MINONG
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 TENTH 12012
(Month) (Day) (Year)
Kirk A. Walters
(Signature of Circulator)

Page No. (Official Use Only)
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Circulators.
Please include your contact info in case of

Phone: _____
Email: Kirk-Walters@northwood.k12.wi.us
(715) 466-4444

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January 10,

Committee to Recall W
PO Box 2569
Madison, WI 53701

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Zachary Gilbert</u> Sign: <u>[Signature]</u>	Street: <u>9105 E Evergreen Ave</u> City: <u>Solon Springs</u> Zip: <u>54873</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Solon Springs</u> (Municipality Name)	<u>12/15/2011</u> (Month) (Day) (Year)	Email: <u>Zgibert@u</u> Phone: <u>(715) 816-</u>
2. Print: <u>Paul Vaara</u> Sign: <u>[Signature]</u>	Street: <u>11261 Rock n Roll Ln.</u> City: <u>Gordon</u> Zip: <u>54838</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Gordon</u> (Municipality Name)	<u>12/16/2011</u> (Month) (Day) (Year)	Email: <u>paul.vaara@no</u> Phone: <u>(715) 376-</u>
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: _____ Phone: <u>()</u>
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: _____ Phone: <u>()</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: _____ Phone: <u>()</u>

Certification of Circulator

I, Curtis Zamzow, (certify): I reside at 113205 E 5TH ST
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Solon Springs, WI 54873
(Circulator Municipality)

Circulators,
Please include your contact info in case

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 16 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

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Phone

(715) 378-

Email

Curtzam@g

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

Return by Jan

Committee to
PO Box 2569
Madison, WI

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>VERA B. HOMESKYE</u> Sign: <u>[Signature]</u>	Street: <u>487 CONCORD RD. Apt. 78</u> City: <u>PEWAUKEE</u> Zip: <u>53072</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>PEWAUKEE</u> (Municipality Name)	<u>11/21/2011</u> (Month) (Day) (Year)	Email: <u>vhomesky</u> Phone: <u>(262)</u>
2. Print: <u>JOSEPH HOMESKYE</u> Sign: <u>Joseph Homeskys</u>	Street: <u>487 Concord Rd. Apt 78</u> City: <u>PEWAUKEE</u> Zip: <u>53072</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>PEWAUKEE</u> (Municipality Name)	<u>11/21/2011</u> (Month) (Day) (Year)	Email: <u>redbow</u> Phone: <u>(414)</u>
3. Print: <u>Marilynn Nater</u> Sign: <u>Marilynn Nater</u>	Street: <u>1208 A S. 15th place</u> City: <u>MILWAUKEE</u> Zip: <u>53204</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> (Municipality Name)	<u>12/07/2011</u> (Month) (Day) (Year)	Email: <u></u> Phone: <u>(414)</u>
4. Print: <u></u> Sign: <u></u>	Street: <u></u> City: <u></u> Zip: <u></u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u></u> (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: <u></u> Phone: <u>()</u>
5. Print: <u></u> Sign: <u></u>	Street: <u></u> City: <u></u> Zip: <u></u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u></u> (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: <u></u> Phone: <u>()</u>

I, Gary Donaldson (Printed Name of Circulator) certify: I reside at 9200 N. Terryson Dr (Circulator's Residence - Street Name and Number)

Bayside WI (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(6)(a) Wis. Stats.

12 / 20 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

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Circulators.

Please include your contact

Phone

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Email